

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>1/13/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>70647</i>	<i>2-2-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Inference  
 A ..... Appeal  
 O ..... Objected

Best Available Copy

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If more than 150 claims or 10 actions  
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